

<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p>FEE TRANSMITTAL</p> <p>For FY 2005</p>		<p>Complete if Known</p>	
<input checked="checked" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/728,281-Conf. #7139
		Filing Date	December 3, 2003
		First Named Inventor	Masaru Kobayashi
		Examiner Name	T. D. Lewis
		Art Unit	3681
TOTAL AMOUNT OF PAYMENT	(\$)	100.00	Attorney Docket No. 01776/1200580-US1

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	


2. EXCESS CLAIM FEES		
Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
				Fee (\$)
4	- 22 =			
	x			
	=			

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 3 =	1	100.00
	x	100.00	
	=		100.00

3. APPLICATION SIZE FEE				
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50	(round up to a whole number) x	

4. OTHER FEE(S)		Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge):		

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	44,528 Telephone (212) 527-7700
Name (Print/Type)	Thomas J. Bean		Date July 20, 2005

07-22-05

AF\$
ZPW



Application No. (if known): 10/728,281

Attorney Docket No.: 01776/1200580-US1

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. _____ in an envelope addressed to:

ES 418269482 - us

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on July 20, 2005
Date

B.W. Lee

Signature

B.W. LEE

Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

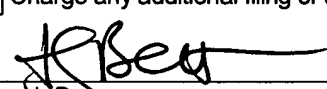
Fee Transmittal (1 page)

Amendment After Final Action (37 C.F.R. Section 1.116) (6 pages)

Amendment Transmittal (1 page)

Check No. 9021 in the amount of \$100.00 and

Return Receipt Postcard.

AMENDMENT TRANSMITTAL LETTER				Docket No. 01776/1200580-US1	
Application No. 10/728,281-Conf. #7139		Filing Date December 3, 2003		Examiner T. D. Lewis	
				Art Unit 3681	
Applicant(s): Masaru Kobayashi et al.					
Invention: LIGHTWEIGHT BEARING AND WAVE GEAR DRIVE					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	4	- 22 =		x	
Independent Claims	4	- 3 =	1	x	100.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					100.00
<input type="checkbox"/> Large Entity			<input checked="" type="checkbox"/> Small Entity		
<input type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> A check in the amount of \$ 100.00 to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 _____ Thomas J. Bean Attorney Reg. No.: 44,528				Dated: July 20, 2005	
DARBY & DARBY P.C. P.O. Box 5257 New York, New York 10150-5257 (212) 527-7723					

